



07-03-06

IPW \$

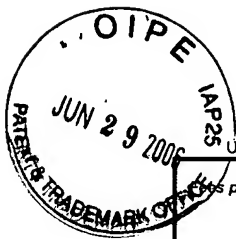
PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/665,883	
	Filing Date	September 19, 2003	
	First Named Inventor	Chong-Sheng YUAN	
	Art Unit	1652	
	Examiner Name	C. Patterson	
Total Number of Pages in This Submission	38	Attorney Docket Number	466992001100

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (20 pages) with Exhibit A (5 pages), Exhibit B (3 pages), and Exhibit C (6 pages) <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard		
<table border="1"><tr><td>Remarks</td><td>Customer No. 25225</td></tr></table>			Remarks	Customer No. 25225
Remarks	Customer No. 25225			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Michael G. Smith		
Date	June 29, 2006	Reg. No.	44,422

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 847893838 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: June 29, 2006	Signature: (Grace Yu)



FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/665,883
		Filing Date	September 19, 2003
		First Named Inventor	Chong-Sheng YUAN
		Examiner Name	C. Patterson
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1652
TOTAL AMOUNT OF PAYMENT		(\$)	450.00
		Attorney Docket No.	466992001100

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
						<u>Small Entity</u>	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- =		x	=	0.00	Fee (\$)		Fee Paid (\$)
							0.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- =		x	=	0.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x		=	0.00		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						0.00	
Other (e.g., late filing surcharge): 1252 Extension for response within second month						450.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,422
Name (Print/Type)	Michael G. Smith	Telephone	(858) 720-5113
		Date	June 29, 2006